

POSITION	ID NO.	DATE
CLASSIFIER	12	11/30/94
EXAMINER	340	1-4-95
TYPIST	320	1-6-95
VERIFIER	204	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
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Claim	Final	Original	Date
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SYMBOLS

✓ = (Through number) Rejected

— = Allowed

— = Cancelled

— = Restricted

— = Mis-evaluated

— = Interference

— = Appeal

— = Objected